

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
JACKSON DIVISION**

JAMES H. STERN, #130001

PETITIONER

VERSUS

CIVIL ACTION NO. 3:09cv335-HTW-LRA

STATE OF MISSISSIPPI

RESPONDENT

ORDER

Upon consideration of the petition filed pursuant to 28 U.S.C. § 2254 by the petitioner in the above entitled action, the court notes that the petitioner failed to file an application to proceed in forma pauperis or pay the \$5.00 filing fee. Accordingly, it is hereby

ORDERED:

1. That on or before June 29, 2009, petitioner shall file a completed application for leave to proceed in forma pauperis which is attached, OR pay the \$5.00 filing fee. If the petitioner or someone on behalf of the petitioner submits the \$5.00 filing fee, there must be a written explanation that the money is being submitted as payment of the filing fee in Civil Action Number 3:09cv335-HTW-LRA on behalf of petitioner, JAMES H. STERN, #130001.

2. That petitioner is informed that his failure to timely comply with the requirements of this order may lead to the dismissal of his petition.

3. The Clerk shall mail the attached in forma pauperis application to the petitioner at his last known address.

THIS, the 8th day of June, 2009.

s/Linda R. Anderson
UNITED STATES MAGISTRATE JUDGE

**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
JACKSON DIVISION**

JAMES H. STERN, #130001

PETITIONER

v.

CIVIL ACTION NO. 3:09cv335-HTW-LRA

STATE OF MISSISSIPPI

RESPONDENT

MOTION TO PROCEED IN FORMA PAUPERIS

I, _____ (name), _____ (prisoner number),
declare that I am the petitioner in the above-entitled proceeding; that in support of my request to
proceed without prepayment of fees or costs under 28 U.S.C. §1915 I declare that I am unable to pay
the costs of said proceedings or give security therefor; that I believe I am entitled to the relief.

Signed: _____ Date: _____

AFFIDAVIT IN SUPPORT OF MOTION

In support of this motion, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? _____ Yes _____ No
If "yes" state the place of your incarceration _____
2. Are you presently employed (at the institution or otherwise)? _____ Yes _____ No
 - a. If the answer is "yes," state the amount of your salary or wages per month, and give the
name and address of your employer. _____

 - b. If the answer is "no," state the date of the last employment and the amount of the salary
and wages per month which you received. _____

3. Have you received within the past twelve months any money from any of the following
sources?
 - a. Business, profession or form of self-employment? _____ Yes _____ No

- b. Rent payments, interest or dividends? ☐ Yes ☐ No
c. Pensions, annuities or life insurance payments? ☐ Yes ☐ No
d. Gifts or inheritances? ☐ Yes ☐ No
e. Any other sources? ☐ Yes ☐ No

If the answer to any of the above is "yes," describe each source of money and state the amount received from each during the past twelve months. _____

_____.

4. Do you own cash, or do you have money in a checking or savings account?

☐ Yes ☐ No (Include any funds in prison accounts.)

If the answer is "yes," state the total value of the items owned. _____

_____.

5. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☐ No

If the answer is "yes," describe the property and state its approximate value. _____

_____.

6. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support.

_____.

_____.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Executed on _____

Date

Signature of Petitioner

Certificate

I hereby certify that the petitioner herein has the sum of \$ _____ on account to his credit at the _____ institution where he is confined. I further certify that petitioner likewise has the following securities to his credit according to the records of said _____ institution: _____.

Date

Authorized Officer of Institution